

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

771

State File No.

632

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pronounced dead at City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life (Specify whether  
in this community Life  
years, months or days)

3. (a) PRINT FULL NAME Joseph C Roehl

3. (b) If veteran, No name war No  
3. (c) Social Security No

4. Sex M 5. Color or W 6. (a) Single, widowed, married, W  
race Emma divorced W  
6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if  
alive April 30 1870 years  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 19 If less than one day  
hr. min.

9. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation City Clerk's Office

11. Industry or business City Clerk's Office

12. Name John Roehl

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Zimmerman  
(City, town, or county) (State or foreign country)

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Roehl  
(b) Address 408 Baker

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/42  
(Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cem

18. (a) Signature of funeral director Alexander & Sons  
(b) Address 6175 Delmar

19. (a) 20 1942 (Date received local registrar) (b) J. D. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3620 Lawn Ave  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19th  
year 1942 hour 7:00 minute A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to hanging, when deceased was found with rope around his neck hanging from rafters in garage in rear of 3630 Lawn Ave. on Jan. 19th, 1942, about 7:00 A.M. SUICIDE.

Due to \_\_\_\_\_

Other conditions 164  
(Include pregnancy within 3 months of death)

Major findings: Of operations 165

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 1-19-1942

(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury 3

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
Address 1204/2 Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Raymond L Morris*....., Registered Apprentice No. *290*.....  
working under my personal supervision.

Signed *Jos. E. McCulloch*.....

Licensed Embalmer No. *2460*.....

P. O. Address *6770 Delmar*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Signature to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**